Louisiana Medicaid
Dofetilide (Tikosyn®)

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for dofetilide (Tikosyn®).

Additional Point-of-Sale edits may apply.

*Dofetilide has a **Black Box Warning** and may be subject to **Risk Evaluation and Mitigation Strategy (REMS)** under FDA safety regulations. Please refer to individual prescribing information for details.*

Approval Criteria for Initial and Reauthorization Requests

- The recipient is 18 years of age or older on the date of the request; **AND**
- Dofetilide (Tikosyn®) is prescribed by, or the request states that the medication is being prescribed in consultation with, a cardiologist; **AND**
- The recipient has a diagnosis of **ONE** of the following:
    - Atrial fibrillation; **OR**
    - Atrial flutter; **AND**
- Dates for in-patient initiation or reinitiation of therapy for at least 3 days are **stated on the request**; **AND**
- Dofetilide is being prescribed to maintain normal sinus rhythm, which is **stated on the request**; **AND**
- By submitting the authorization request, the prescriber attests to the following:
    - The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**
    - All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**
    - The recipient has no concomitant drug therapies or disease states that limit the use of the requested medication and will not receive the requested medication in combination with any medication that is contraindicated or not recommended per FDA labeling.

Duration of initial and reauthorization approval: 12 months

Reference

Tikosyn (dofetilide) [package insert]. New York, NY: Pfizer Labs Division of Pfizer Inc; August 2019. https://www.pfizermedicalinformation.com/en-us/tikosyn

Revision	Date
Policy created	July 2020